

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 590 250

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
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24		3				
25		3				
26			1			
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
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44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	30	←	23	←	23	←
TOTAL CLAIMS	31		24		24	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						